

**DUTCHESS COUNTY PERSONNEL DEPARTMENT
EQUAL EMPLOYMENT OPPORTUNITY OFFICE**

22 Market Street
Poughkeepsie NY 12601
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EXAMINATION HOTLINE: (845) 486-2167

WEB SITE: www.co.dutchess.ny.us

FOR EXAMINATION OR RECRUITMENT ANNOUNCEMENTS

DOUGLAS A. McHOUL
Commissioner of Personnel

CURTIS R. FORBES
E.E.O. Officer

JOB REFERENCE FORM

Submission of this completed questionnaire will enable the EEO Office to assist you in your search for County employment. The information you provide will be placed in a "computerized resume bank" so that we can contact you concerning vacancies or examinations with qualifications that are comparable to yours. *We cannot guarantee notification of all postings.* Therefore, we suggest you contact this office periodically or call the Examination Hotline. **Your file will remain active for one (1) year.**

Required Information: Male - or - Female

LAST

NAME _____ FIRST _____ MI _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE (____) _____ SOCIAL SECURITY # _____

EDUCATION

HIGH SCHOOL _____ GRADUATED - YES _____ NO _____

COLLEGE (1) _____ DEGREE - YES _____ NO _____

ADDRESS _____

MAJOR _____ YEAR COMPLETED _____

COLLEGE (2) _____ DEGREE - YES _____ NO _____

ADDRESS _____

MAJOR _____ YEAR COMPLETED _____

VOLUNTARY INFORMATION REQUEST FOR AFFIRMATIVE ACTION RECORD KEEPING

PLEASE CHECK THE ONE WHICH BEST DESCRIBES YOUR RACE / ETHNICITY

WHITE _____ ASIAN OR PACIFIC ISLANDER _____

AFRICAN AMERICAN _____ NATIVE AMERICAN _____

HISPANIC _____ OTHER(Specify) _____

CHECK IF ANY ARE APPLICABLE

VIETNAM ERA VETERAN (December 22, 1961 to May 7, 1975) _____ DISABLED _____

OTHER TRAINING / CERTIFICATIONS / LICENSES

SCHOOL (1) _____ GRADUATED-YES _____ NO _____

COURSE OF STUDY _____ YEAR COMPLETED _____

SCHOOL (2) _____ GRADUATED- YES _____ NO _____

COURSE OF STUDY _____ YEAR COMPLETED _____

PROFESSIONAL LICENSES / CERTIFICATIONS _____

DRIVERS LICENSE - CLASS _____ RESTRICTIONS / ENDORSEMENTS _____

APPLICABLE WORK EXPERIENCE

EMPLOYER

NAME (1) _____

ADDRESS _____

POSITION _____ DATE EMPLOYED _____ TO _____

DUTIES _____

EMPLOYER

NAME (2) _____

ADDRESS _____

POSITION _____ DATE EMPLOYED _____ TO _____

DUTIES _____

TYPE OF EMPLOYMENT DESIRED (Check Applicable)

ADMINISTRATIVE/ MANAGEMENT _____ HEALTH / HUMAN SERVICES _____

PROFESSIONAL _____ ADMIN. / CLERICAL SUPPORT _____

PARAPROFESSIONAL _____ TECHNICAL / SKILLED CRAFT _____

PROTECTIVE SERVICES _____ LABOR / MAINTENANCE _____

SIGNATURE _____ **DATE** _____